

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	(1)					
10	/					
11	/					
12	/					
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14	(1)					
15	(1)					
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50						
TOTAL IND.	5					
TOTAL DEP.	17					
TOTAL CLAIMS	22					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						